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Facsimile Cover Sheet

TODAY'S DATE: June 20, 2005

PLEASE DELIVER THE FOLLOWING MESSAGE TO:

Examiner James Martinell

THIS MESSAGE IS FROM:

Name: Laura GinkelPhone No.: (732) 594-1932Mail Location: RY60-30Fax No.: (732) 594-7790RE: In re application of: **ARMSTRONG, ET AL.**

Serial No.: 09/835,699

Filed: April 16, 2001

Group Art Unit: 1634

Examiner: James Martinell

NUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER): 10

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Responsive to "Amendment after Final under 37 C.F.R. § 1.116"

Please find the following:

1. Claims as Amended Fee Transmittal Sheet, Fee Included (\$200.00)
2. Amendment/Reply After Final, 37 C.F. R. § 1.116

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the above identified papers are being facsimile transmitted to Examiner, James Martinell of the United States Patent and Trademark Office at (571) 273-8300 on the date shown below.

Danielle L. Murante

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JUN 20 2005

PATENT

CASE NO. 19258CC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In re application of: ARMSTRONG, ET AL.Serial No. 09/835,699Filed April 16, 2001Group Art Unit 1634Examiner James MartinellFor: POLYNUCLEOTIDE HERPES VIRUS VACCINE

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.☒ The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>16</u>	-	** <u>30</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>6</u>	-	*** <u>5</u> =	<u>1</u> X	\$200	= <u>200.00</u>
Multiple Dependent Claims					\$360 ****	= <u> </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						200.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

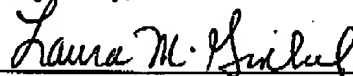
** If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 200.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,



By: Laura M. Ginkel

Attorney _____ for Applicant(s)

Reg. No. 51,737

MERCK & CO., INC.
Patent Dept., RY60-30
P.O. Box 2000
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(732) 594-1932

Date: June 20, 2005

IN DUPLICATE

CERTIFICATE OF FACSIMILE TRANSMISSION

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<u>Danielle L. Murante</u>	<u><i>Danielle L. Murante</i></u>	<u>June 20, 2005</u>
Name	Signature	Date

**Response under 37 C.F.R. 1.116
Expedited Procedure
Examining Group: 1634**

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:	Armstrong et al.		
Serial No.:	09/835,699	Case: 19258CC	Art Unit: 1634
Filed:	April 16, 2001		
For:	POLYNUCLEOTIDE HERPES VIRUS VACCINE		

Examiner:
James Martinell

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL, 37 C.F.R. § 1.116

Dear Sir:

In response to the Final Office Action mailed May 25, 2005, for which an unextended reply is due August 25, 2005, please consider the following amendments and the foregoing remarks. Applicants are filing a response within two months from the mailing date of the Final Office Action and respectfully request an Advisory Action (M.P.E.P. 710.02(e)). Any additional fees associated with this Amendment may be charged to Merck Deposit Account No. 13-2755.

AMENDMENTS TO THE CLAIMS are reflected in the listing of claims which begins on page 2 of this paper.

REMARKS begin on page 5 of this paper.

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